

APPLICATION FOR OFFICIAL SAFETY INSPECTION STATION



(PRINT OR TYPE ALL INFORMATION IN FULL)

1. TRADE NAME:	ME:		STATION #				VENDOR #		
2. ADDRESS:						(()		
	(STREET & NUMBER)		(CITY)	(COUNTY)	(STATE)	(ZIP)	(PHONE NO.)		
3. MAILING ADDRESS (if	different from above)								
4. OWNER'S NAME:									
5. ADDRESS:						(()		
	(STREET & NUMBER)		(CITY)	(ST.	ATE)	(ZIP)	(PHONE NO.)		
6. THE STATION APPROV	AL VISIT WILL STOP IMM	MEDIATELY UPON A	ANY REQUIREI	EQUIPM	ENT ITEM	I NOT BE	ING PRESENT.		
7. HAS THE APPOINTMEN REVOKED? YES INCLUDED BEFORE AP		PLEASE SEND FULL					AY, BEEN SUSPENDED OR . EXPLANATION MUST BE		
8. \$100.00 CERTIFICATION F	EEE AND \$25.00 LICENSE FE	E REQUIRED ON APP	PROVAL.						
9. DO YOU HAVE PROPER T AND TO MAKE PROPER R	OOLS AND MECHANICS QUEPAIRS IF NEEDED?		RM ALL PHASES	OF THE V	EHICLE SA	AFETY INS	SPECTION REQUIREMENTS		
	Y THE UTAH HIGHWAY P USED INSPECTION CERT						SOLD OR CLOSED AND TO IN CRIMINAL CHARGES.		
11. TYPE OF LICENSE APPL	2. MOTORC	ER, LIGHT TRUCK YCLE □ R/TRAILER/MOTOR		M.RUS □			. ATV 🗆 5. FLEET 🗅		
12 THIS APPLICATION S					YON DAD	ENEDG			
12. THIS APPLICATION S	HALL BE SIGNED BY THE	OWNER, OR IN THE	E CASE OF A CO	DRPORAL	ION, PAR	INERS.			
them in the manner prescribed i	in the official instructions and f tues governing safety inspectiving within this period any viol	finding them to be in saf on may lead to suspensi ation of rules and regula	Te operating condition or revocation of tions may result in	ion and in cof the inspectation	ompliance vection license ocation with	vith the law privileges out recours			
DATE:	, 20	SIGNED:							
		TITLE:							
		STATION .	APPROVAL						
PERSON IN CHARGE OF CE	RTIFICATES / STICKERS					Docu	ament instructions received		
REQUIRED EQUIPMENT: Bu	ilding Size	I	Hand Tools	Hoist		Insp	pection Manual		
Headlight Aiming Screen	Optical	Light Meter	Dial Indicato	r Tire	e Pressure G	auge	Tire Tread Depth Gauge		
Brake Lining Gauges: Bonde	d Riveted Disc	Rotor Gauge	PLT Drum G	auge	Tape Me	asure			
TB Drum Gauge TB T	railer King Pin Gauge	TB 5 th Wheel Tester	FMCSR H	andbook	School	Bus Standa	nrd		
Insurance #		Company Name							
Comments or Recommendation	s:								
Date:	Invastigator								
Date:	Investigator: Program Manager:								
Date.	1 10gram widhager.								